

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019396

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **68** Primary Registration District No. **5267** Registrar's No. **29**

FILED MAY 28 1963

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Galloway Township		c. CITY OR TOWN Chestnut Ridge	
Length of stay in 1b 90 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of Della Keltner		d. STREET ADDRESS (If outside, give location) 3 Miles East	
3. NAME OF DECEASED (Type or print) First James Middle Marion Last Bilyeu		4. DATE OF DEATH Month May Day 9 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/28/1872
9. AGE (last birthday) 90		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy & Stockman	
11. BIRTHPLACE (City and state or country) Chestnut Ridge, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hosea Bilyeu		13b. MOTHER'S MAIDEN NAME Charlotte Ann Sissel	
14. NAME OF HUSBAND OR WIFE Frances Gideon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Della Keltner, Chestnut Ridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute right middle cerebral artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 18 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Mo.		
21. I attended the deceased from 21 April 1963 to 9 May 1963 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Francis M. Maple MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 12, 1963	
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Chestnut Ridge, Missouri	
24. FUNERAL DIRECTOR Shearn Harris,		25. DATE REG. BY LOCAL REG. May 15, 1963	
26. REGISTRAR'S SIGNATURE Mary Kaufman.		27. ADDRESS Ozark, Mo.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 01220

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. L. Harris*

Licensed Embalmer No. 4390

P. O. Address *Ozark Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained May 11, 1963.

W. L. Harris